Date(s) of Event:	Sa	Parks & Recreation Department 300 W. Ash, Rm. #100 Salina, KS 67401 (785) 309-5765 / FAX (785) 309-5769			Copies To: Park Dept		
		Tennis Court Reservation Use Permit					
Organization / Per	son Making Re	quest					
Organization:				Reservation	on Made By:		
Address:							
Phone:	Home:		Cell:			Work:	
Facility Requested:	(Check below and circle number of courts)						
Jerry Ivey:			Number of Courts Courts: 1 2	3	4		
Ken Nordboe:			Number of Courts Courts: 1 2	3	4 5	6 7 8	
Sunset:			Number of Courts Courts: 1 2	3			
Time Requested:				7	Type of Event:		
Contact Pe	rson During Event:				Phone:		
Will an entry or registration fee be charged:			Yes:	No:		Amount:	
Vendors:	Yes:	No:	If yes, what type of	f merchar	ndise:		
Bleachers:	Yes:	No:	If yes, how many?		-		
Extra Trash Cans:	Yes:	No:	If yes, how many?		Estimated	no. of people expe	ected:
Special reques	ts for area:						
Conditions of Per other park use or resi staff to monitor activiti a fee to reimburse th advertisements, poster reservations or move Parks & Recreation ru result in revocation of	idential areas and lies during any rese the City for costs in the costs, for those effects to alternate the sand regulations	have the authority ervation of City of curred during that events where alcol facilities if necess and that I agree	to revoke this per Salina facilities. If tt time. The City of thol may be present sary. I understand	mit. The so require of Salina of City	City of Salina ed, the sponsor requires that "I ty of Salina re is subject to a	has the discretion oring organization s No Glass Bottles" eserves the right to all codes of the Cit	to require paid hall be charged be displayed in reassign court y of Salina and
Signature:				Date:			
	To be	completed	by Parks &	Recrea	tion Office	e	
Special require	ements/stipulations:						
Approved by Steve	e Snyder, Director:					Date:	